

“It is the set of the
sails,
not the direction
of the wind that determines
which way we will go.”

Jim Rohn

THE HEALTH QUALITY COUNCIL IS
AN INDEPENDENT AGENCY THAT MEASURES AND
REPORTS ON QUALITY OF CARE IN SASKATCHEWAN,
PROMOTES IMPROVEMENT, AND ENGAGES ITS
PARTNERS IN BUILDING
A BETTER HEALTH SYSTEM.

CREATED IN 2002 BY AN ACT OF LEGISLATION, THE
HEALTH QUALITY COUNCIL ACT, HQC IS GOVERNED
BY A BOARD OF DIRECTORS COMPRISING
PROVINCIAL, NATIONAL, AND INTERNATIONAL
LEADERS IN QUALITY IMPROVEMENT SCIENCE,
HEALTH POLICY, AND HEALTH CARE DELIVERY.

OUR VISION:
Saskatchewan residents have
the highest quality of health
care for everyone, every time.

OUR MISSION:
To accelerate improvement in
the quality of health care
throughout Saskatchewan.

OUR DEFINITION OF QUALITY:
Quality health care is care that
is safe, effective, responsive,
patient-centred, equitable, and
efficient.

OUR WORK IS GUIDED BY THESE PRINCIPLES:

Responsiveness
In a dynamic and ever-changing
environment, we respond to
system needs and identify
emerging opportunities
to support our partners
in making care better
and safer.

Innovation
To achieve our mission, we must
challenge the status quo,
question from a base of
evidence, and work with those
ready to fundamentally redesign
the system.

Collaboration
Partnerships among those
committed to transformative
change are critical. We believe
open communication and
collaboration nurtures
relationships and produces
results. We encourage full
participation, different
perspectives, constructive
dialogue, and people building
the skills to help themselves.

Focus On Improvement
The pursuit of excellence is
relentless. Continuous
improvement is at the core of the
work we do and the way we work;
this includes managing in and
learning from uncertainty.

Knowledge For Action
Evidence informs and
measurement drives all of our
activities. We are driven to
gather, synthesize, and exchange
knowledge, to continually learn,
and to put what we learn into
practice in a way that engages
our key partners.

Transparency
Transparency in processes and
outcomes builds trust and
respect, and is the foundation for
learning and improvement.

Integrity
Our morals and character guide
us to act ethically at all times in
service of the public good.

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all hands

“The Health Quality Council recognizes that in the dynamic environment of health care, we have to be prepared to respond to system needs and identify emerging opportunities to support our partners. In the past year, we responded nimbly to a bold, exciting change in course.”

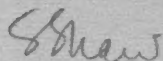
Dr. Susan Shaw, HQC Chair.

Letter of Transmittal

The Honourable Dustin Duncan
Minister of Health
Room 204, Legislative Building
REGINA SK S4S 0B3

Dear Mr. Duncan:

I am pleased to submit the Health Quality Council's annual report. This report is for the 2012-2013 fiscal year and is submitted in accordance with the requirements of The Health Quality Council Act and The Tabling of Documents Act.



Dr. Susan Shaw
Board Chair
Health Quality Council



Message from the Board Chair

The Health Quality Council recognizes that in the dynamic environment of health care, we have to be prepared to respond to system needs and identify emerging opportunities to support our partners. In the past year, we responded nimbly to a bold, exciting change in course.

Since it began in 2002, HQC has worked in partnership with those in our health system to promote the art and science of quality improvement (QI) as a way to make care better and safer for Saskatchewan citizens. In the last 10 years, hundreds of health care providers, managers, and leaders have participated in QI learning activities and improvement initiatives led by the Health Quality Council; this work has built a strong foundation in quality improvement knowledge and practice.

The findings of the Patient First Review, and growing recognition among managers and leaders that patients would be best served if we think and act as one health system, prompted the Ministry of Health to take the bold step of increasing the scale and pace of improvement by implementing Lean as our system's primary improvement method.

This new direction for the province meant the Health Quality Council board had a choice to make: Stay on course and continue delivering programs such as Clinical Practice Redesign™, Releasing Time to Care™, and QI Consultant Program. Our board decided it was imperative we set aside programming such as CPR, RTC, QIC, in order to align our resources and efforts toward attaining shared health system goals. We see great potential in this approach and we are buoyed by the province's vision and strategy for

putting patients first and achieving Better Health, Better Care, Better Value, and Better Teams.

That is why we welcomed the opportunity to take on the operations of the Provincial Kaizen Promotion Office effective April 1, 2013. This new responsibility is very much in keeping with our overall mandate.

We are now focusing our measurement and reporting experience on assisting the Ministry of Health to develop robust measures to track progress toward established improvement targets, and to develop ways of reporting on the measures that are most useful for planning and decision-making.

Quality Improvement Consultants—now called Kaizen Specialists—and other staff at HQC are adding Lean knowledge and methods to their strong base in improvement science so that we can better support others in the health system to adopt this new way of working.

The HQC board is learning alongside others in the system. Several of our board members have taken the introductory one day Kaizen Basics course and I and two other board members, Cecile Hunt and Maura Davies, are currently immersed in the more intensive Lean Leader Certification.

We have seen promising results from the application of Lean in health care systems in the United States, and I am already seeing how Rapid Process Improvement Workshops (one type of Lean improvement event) empower staff, who know care processes best, to suggest and make changes that will improve patients' experiences with care and the quality of work life for

providers. The implementation of Lean across the entire health system presents us all with an unprecedented opportunity to change for the better the way we deliver care.

It continues to be an honour to live and work in a province that embraces big ideas, bold ambitions and courage in action. Transforming our health system requires nothing less. I am also mindful that transformation is ultimately achieved by the choices and changes we collectively make every day to make care better.

I want a better health system for my patients, family, friends, and colleagues. I pledge to do something better each day in my work as a physician and as the Chair of HQC to make that happen. Just imagine what could be accomplished if everyone working in the health system made similar improvement pledges. Such a collective commitment would truly transform the way we work and think.

Dr. Susan Shaw
Board Chair



Message from the CEO

As the adoption of Lean in the Saskatchewan health care system gathered momentum in the past year, HQC enthusiastically adjusted its sails to take full advantage of the prevailing wind. For the first time in our province's history, one primary approach to quality improvement – Lean – is being implemented across the province. And, through a consultative planning process called Hoshin Kanri, we are setting annual and five year provincial and regional targets.

We grasped this opportunity to join our partners in the health system in thinking and acting as one to accelerate improvements in the quality of care. HQC is working closely with health regions, the Ministry of Health, and John Black and Associates – Lean consultants under contract with the Ministry – to support this courageous vision for health care in our province. In collaboration with the Ministry we are applying our expertise in measurement and reporting to help establish indicators and ways of collecting data that will enable tracking of progress toward Hoshin goals and targets. I am privileged to represent the Health Quality Council on the Guiding Coalition, a group of four senior health system leaders who provide strategic guidance and direction on deploying Lean throughout the province.

In January, we were delighted to accept a request from the Ministry of Health to take on the operations of the Provincial Kaizen Promotion Office. The transition of this office from the Ministry to HQC took effect April 1, 2013.

In this role we are

- working with other partners in the health system to support Hoshin Kanri;
- creating a master calendar of Kaizen (continuous improvement) training and improvement events;
- tracking improvements achieved through Lean across the province; and,
- making readily available the results and impact of the improvement efforts underway in the health system.

For the Health Quality Council, and for our colleagues across the health system, the adoption of Lean means a commitment to learning a new way of working and learning. Nearly all of HQC staff have taken the one day Kaizen Basics course and over the last year, 18 staff began the more comprehensive Lean Leader Certification training presented by John Black and Associates (JBA), with another four staff scheduled to begin in July 2013. Increasingly, HQC staff are being asked to lead and support various improvement efforts, including Kaizen Basics workshops and 5S campaigns.

In addition to operating the PKPO, we are continuing our efforts to inspire and motivate people across the health system to be actively involved in quality improvement through our various communications vehicles and the annual provincial Quality Summit, an event we assumed full responsibility for this year.

Research on the quality of care remains an important part of our work. Clinical intelligence and patient-oriented research are critical for informing how, when, and by whom care is delivered for the best possible outcome for patients. We have continued to collaborate with

academic partners on research related to drug safety and effectiveness and administrative data methods. This past year also saw us working closely and collaboratively with health system and academic partners to develop a proposal for a patient oriented research support unit in Saskatchewan. This proposal is being prepared in response to the opportunity made available by the Canadian Institutes of Health Research Strategy for Patient-Oriented Research.

Given the focus and direction the province made in terms of improvement capability in the past year, we had to make some difficult, pragmatic choices about programs we were offering. We made the decision this year to sunset the Clinical Practice Redesign program and instead align our efforts with provincial goals for improving primary health care. As part of our commitment to "Think and Act as One System" we did the same for the Releasing Time to Care™ and Quality Improvement Consultant programs. I continue to be so proud of how the crew at the Health Quality Council responds with stamina, resiliency, and curiosity as they navigate the rough waters of change.

As we celebrated our 10th anniversary this past year, I think it's fitting to close this message with a look ahead. And in the spirit of this nautical theme, I cannot say it any better than Mark Twain:

"Twenty years from now you will be more disappointed by the things that you didn't do than by the ones you did do. So throw off the bowlines, sail away from the safe harbour. Catch the trade winds in your sails. Explore. Dream. Discover."

Bonnie Brossart
Chief Executive Officer

Board of Directors



Susan Shaw (Chair)



Cecile Hunt (Vice-Chair)



Ross Baker



Charlyn Black



Elizabeth Crocker



Maura Davies



Daniel Fox



Eber Hampton



Dori Hoium



Dennis Kendel



Yvonne Shevchuk

Health Quality Council Staff

(Several staff were away at Lean training or Kaizen events at the time of this photo)



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“To reach a port we must set sail –
Sail, not tie at anchor. Sail, not drift.”

Franklin D. Roosevelt

et sail

OPTIMIZE QUALITY IMPROVEMENT CAPABILITY

Since the Health Quality Council began in 2002, our priority has been to:

- increase quality improvement knowledge and skills among health care providers, managers, and leaders.
- develop improvement leaders throughout Saskatchewan's health system by offering them the essential tools and information they need to champion improvement.
- generate performance information to support quality improvement efforts.

Optimizing quality improvement capability is still a fundamental part of our mandate. The relationships we have established with others in our health system and the experience we have gained through the delivery of quality improvement training and initiatives, and in building capacity for measuring quality, stand us in good stead as we take on the operations of the Provincial Kaizen Promotion Office on April 1, 2013.

Our responsibilities will include working with other partners in the health system to support Hoshin Kanri (the planning process for determining provincial and regional priorities), tracking Lean training of people at all levels of our health system, tracking improvements achieved through Lean across the province, establishing standard approaches and practices for implementation, sharing stories and communicating about Lean and Hoshin Kanri across the system and with the public.

INCREASING QUALITY IMPROVEMENT KNOWLEDGE AND SKILLS

Lean training - To better equip Health Quality Council staff to support the adoption of Lean in Saskatchewan, 18 staff members (35% of staff complement) are taking Lean Leader training from consultants John Black

and Associates (JBA), with another four staff scheduled to begin in July 2013. Three HQC board members are also currently immersed in Lean Leader Certification training: Dr. Susan Shaw, Cecile Hunt, and Maura Davies. Lean Leader training is primarily learning by doing. Participants are learning about Lean concepts and methods, preparing for and leading a variety of improvement events (Rapid Process Improvement Workshops, mistake proofing, and Kanban inventory management systems), and visiting and training at health care sites in the U.S. that have incorporated Lean into their daily work. Lean Leader Certification requires a commitment of 80 days (approximately 0.35 FTE) for each participant.

Over the next four years at least 25% of all people employed in health regions, the Ministry of Health, Saskatchewan Cancer Agency, 3S Health, eHealth, and the Health Quality Council are required to attend a one day Kaizen Basics course delivered by John Black and Associates. At HQC, 45 staff (88%) have taken the course so far.

Several HQC staff are now also assisting JBA in the delivery of Training Within Industry, Value Stream Mapping, 5S, and the Kaizen Basics course. HQC also produced a video about a Rapid Process Improvement Workshop (RPIW) in Saskatoon Health Region that has been incorporated into the standard content for Kaizen Basics courses.

All hands on deck for the Quality Summit

This year for the first time, HQC assumed full responsibility for organizing and delivering the provincial Quality Summit. The theme for the Summit was Inspire. On April 10 and 11, 2013 in Regina, it did just that. It attracted 600 people including 60 patients and family advisors from around Saskatchewan. Photos from the Quality Summit and PowerPoint presentations from the internationally acclaimed keynote speakers and from the 23 Saskatchewan improvement story sessions can be found at: www.qualitysummit.ca.

Ten individuals and teams were recognized for their efforts to make health care better for Saskatchewan patients. The managers and providers were presented with Pursuing Excellence Awards at a special ceremony held as part of the Quality Summit.

Awards were presented in four categories: Better Health, Better Care, Better Value, and Better Teams. As well, two individuals received Improvement Champion awards in honour of their work.



Quality Summit

DEVELOPING IMPROVEMENT LEADERS

Chair in QI Sciences at University of Saskatchewan On October 15, 2012 Dr. Thomas Rotter joined the University as the first Research Chair in Health Quality Improvement (QI) Sciences. The position is jointly funded by the University of Saskatchewan (U of S), the Saskatchewan Ministry of Health, and HQC. Rotter will work with the U of S health sciences colleges and schools, the Health Quality Council and Saskatchewan's health regions to contribute to continuous, system wide improvements in health care quality. He is currently leading a team of academics from Saskatchewan and Australia to design and implement a rigorous evaluation of the experience and impact of systemically applying Lean principles and methods for improving health care in Saskatchewan.

Attendance at international conference Eleven Saskatchewan physicians attended the Institute for Healthcare Improvement's National Forum on Quality Improvement in Health Care in December 2012 thanks to the joint funding efforts of the Champions for Quality Improvement Advisory Committee, as represented by the Saskatchewan Medical Association, College of Physicians and Surgeons, Ministry of Health, College of Medicine, University of Saskatchewan and Health Quality Council.

Open School For a second year, Health Quality Council (HQC) has offered full

provincial access, at no cost to the Institute for Healthcare Improvement's Open School (www.ihl.org/offerings/ihlopenchool). Open School is an online learning environment that currently offers 18 modules covering an array of quality improvement related topics including patient safety, patient and family centered care, leadership, managing change, and population health. Over 200 health science students and health care workers enrolled in the program in 2012.

GENERATING PERFORMANCE INFORMATION

Measuring progress toward provincial targets Our health care system has adopted Lean as our common approach for making health care better in this province. Provincial priorities for improvement using Lean methods are determined through a strategic planning approach called Hoshin Kanri. It aims to involve all health regions and key provincial organizations (Saskatchewan Cancer Agency, eHealth, 3S Health, HQC, Ministry of Health), and staff from all levels of the health system, in identifying priorities and specific improvement targets for the system, using current data to guide decision making. HQC took the lead in developing a series of 'how-to guides', to support regions and provincial organizations with undertaking Hoshin Kanri.

The priorities and targets set through Hoshin Kanri become the shared focus for improvement work across the health system. Individual organizations determine and implement their own plans and targets, based on how they see they can help the system to achieve the targets that have been agreed to provincially.

At all levels of the system—at ward, hospital, regional, and provincial levels—data that track progress toward targets are displayed on "visibility walls" and the data become one of the key points of discussion when staff, managers, and leaders gather daily or weekly

but

“Thought is the wind, knowledge the sail, and mankind the vessel.”

Augustus Hare

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around the visibility wall to see how they are doing and what they may need to do differently to achieve their goals.

HQC has in the past year welcomed and responded to increased demand for support in determining measures and standard ways of collecting and displaying data. For example, we worked closely with the Ministry of Health and expert advisors from across the health system to assist in determining and defining measures for each of the five year improvement targets outlined in the health system's plan for 2013-14, and for the strategic goals also included in the plan.

We continued this work through connecting with each Hoshin and strategic outcome team across the health system to support them in defining "what" they are trying to measure and to help define and implement data collection, analysis, and reporting on these measures on a quarterly basis to the Provincial Leadership Team at the Provincial Visibility Wall Walks. HQC plays a variety of roles in support of this work, including collecting and analysing data (e.g., acute care and primary health care patient experience surveys), developing new indicators from health system administrative data sources (e.g., chronic disease-related hospitalization rates), collating and reporting measures from other sources (e.g., Surgical Safety Checklist implementation compliance, as reported by each region), or simply helping to standardize displays and data presentation by creating graph templates and coaching people in their use.

Indicators added to Quality Insight In August 2012, the Health Quality Council added to Quality Insight six indicators on access to cancer care. These show that access has improved over the last two years.

With the addition in September 2012 of nine more survey indicators, including some related to patient safety and discharge from

hospital, results for all aspects of the Acute Care Patient Experience Survey are now available on Quality Insight.

In addition to assisting the health system to generate performance information in the context of Hoshin Kanri, HQC also conducts research in collaboration with academic and health system partners to inform future planning and measurement of improvement in Saskatchewan's health system. Our research strategy is to work with these partners to develop the methodologies, capacity and capabilities, and metrics that will further the measurement of quality and performance of health care in Saskatchewan. Our goal is for Saskatchewan to become a rapid learning health system that fully engages patients, policy makers, administrators, practitioners, and researchers in the enterprise of continuous learning and improvement.

RESEARCH PROJECTS CURRENTLY UNDERWAY

Evaluation of the Releasing Time to Care Program™ (RTC) In July 2010, the Health Quality Council and University of Saskatchewan received funding from the Canadian Institutes of Health Research and the Saskatchewan Health Research Foundation to study the impact of RTC in Saskatchewan. The analysis of qualitative and quantitative data from this mixed methods evaluation is ongoing. The research team presented a paper at the 18th Qualitative Health Research Conference of the International Institute of Qualitative Methodology in Montreal in October 2012. They will also present a paper at the 2013 International Society for Quality in Healthcare (ISQua) conference.

Drug Safety and Effectiveness Network; Canadian Network for Observational Drug Effect Studies (DSEN – CNODES) Dr. Gary Teare, HQC's Director of Measurement and Analysis, and HQC adjunct scientists from

the University of Saskatchewan (David Blackburn, Associate Professor of Pharmacy, College of Pharmacy and Nutrition) and University of Manitoba (Lisa Lix, Professor and Manitoba Research Chair, Department of Community Health Sciences) comprise the Saskatchewan arm of the Canadian Network for Observational Drug Effect Studies (CNODES). It is a five-year, \$17.5 million initiative funded through the Canadian Institutes of Health Research (CIHR) to undertake rapid nation wide investigations of prescription medication safety and effectiveness, in response to queries from the national Drug Safety and Effectiveness Network Steering Committee. The Saskatchewan team will receive a total of \$1.6 million over five years to fund this province's participation in the research network, including training of analysts, students, and researchers in rigorous methods of pharmaco-epidemiology and clinical effectiveness research.

In March 2013, the Network published in the British Medical Journal the results of their research on the increased risk of acute kidney injury related to use of high potency statins. Statins are used to reduce the levels of harmful forms of cholesterol in the blood. The results of the research call into question the growing practice of using high potency statins for prevention of heart attacks and strokes among patients who have not previously had one of those conditions.

Other work completed by CNODES includes an investigation to address a long-term controversy about whether stomach acid lowering drugs called proton pump inhibitors increase a patient's risk of acquiring a lung infection. The team's study, published in the international gastroenterology journal called "Gut" concluded that they do not. The Saskatchewan team has also analyzed whether people taking high potency statins have an increased risk of developing diabetes;

a study of pregnancy rates and outcomes among women taking an anti acne drug called Isotretinoin (Accutane) that is known to cause birth defects; and, a study on whether serotonin norepinephrine reuptake inhibitors (SNRIs) increase risk of acute kidney injury.

Providing support for measurement system design and data analysis to the Saskatchewan Surgical Initiative Variation and Appropriateness Working Group (VAWG)

The VAWG is collaborating with various specialties to explore data on variation in frequently performed procedures. HQC analysed hospital and medical billing data for a VAWG report on variation across the province in frequency of the top three surgical procedures (by volume) for more than 30 types of surgery. The report was used to engage surgeons in conversations about variation and whether there may be opportunities to reduce it through agreement on more standardized approaches to treatment.

As the front line providers learn more, they will understand where there is both overuse and underuse of services. The next step is for clinicians to build consensus around common service guidelines that will help to reduce the practice variation through efforts to advance patient centred care, such as shared decision making and clinical pathway development. HQC is working with the Ministry of Health and groups of vascular surgeons, urology surgeons, neurosurgeons, and orthopedic surgeons to help develop standards for care (clinical pathways) and the measurement and reporting systems they will need to continuously evaluate and improve those standards over time to ensure that patients receive the best possible care.

For example, in March 2013, a group of vascular surgeons and interventional radiologists met to design a standard of care (clinical pathway) for treatment of lower limb blood circulation blockages (ischemia).

“He that will not sail till all dangers
are over must never put to sea.”

Thomas Fuller

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HQC worked with members of VAWG to facilitate the specialists' design of the pathway and the related data collection and reporting that will be done to support the pathway. In this work, HQC is emulating a process that has been tested and proven effective over the last 25 years by the Intermountain Healthcare system in Utah, an internationally recognized high performing health system.

Saskatchewan Drug Utilization and Outcomes Research Team (SDUORT) This research team, funded by the Drugs and Extended Benefits Branch of the Ministry of Health is led by Dr. David Blackburn, College of Pharmacy and Nutrition, and includes Drs. Lisa Lix, Yvonne Shevchuck and Gary Teare as co-investigators. The team undertakes pharmaco-epidemiologic research in response to questions from the Ministry that are pertinent to prescription drug policy and practice decisions in Saskatchewan.

The team has undertaken work on a number of studies during 2012-13, including:

- Analysis of antipsychotic dispensing for residents in long-term care (LTC) homes;
- Methodological research on the utility for research of the Resident Assessment Instrument Minimum Data Set (RAI-MDS 2.0) collected about residents in Saskatchewan special care homes;
- Use of medications for control of diabetes in LTC;
- Ezetimibe use in Saskatchewan; and,
- Vitamin K agonist use in Saskatchewan.

This research team has presented in the past year at the Canadian Cardiovascular Congress, Canadian Epidemiology and Biostatistics Conference, and the conference of the Canadian Association for Health Services and Policy Research. The team has also submitted multiple abstracts to upcoming conferences in 2013.

Evaluation of Lean approach to transforming health care in Saskatchewan

The Health Quality Council managed the Request for Proposals, selection of the independent research team, and is providing high-level financial and project oversight for this study.

An international team of researchers, led by Dr. Thomas Rotter, University of Saskatchewan, was selected to conduct Phase 1 of the evaluation in the period of April through December 2013. This work will determine the research questions for the evaluation of Saskatchewan's Lean transformation, identify the data sources that exist or need to be created, and enable testing/validating of some key methodological approaches that will be important to the evaluation. Phase 1 of the evaluation will also obtain baseline data. The aim is to prepare to submit in fall 2013 or spring 2014 a CIHR grant submission for a multi-year evaluation research project.

Canada-wide and International Survey of Primary Care Physicians and Patients

This study will provide some baseline data about the quality and characteristics of primary care in Saskatchewan prior to key primary health care design changes planned in Hoshin Kanri. The study is being conducted in a similar time period in all Canadian provinces and over 30 countries in the world. Samples of primary care physicians and patients are being recruited to participate in this study in June and July 2013. There will be potential to repeat this survey study in two to three years to measure changes resulting from Saskatchewan's efforts to redesign primary health care.

Saskatchewan Centre for Clinical Intelligence and Patient-Oriented Research

Canadian Institutes of Health Research, as part of its Strategy for Patient-Oriented Research, has offered matching funding for the development of special research support units in each province to enable greater

development of practical research that will translate quickly into improved care and services for patients. HQC is leading a collaborative effort to develop a proposal with other partners including the Saskatchewan Health Research Foundation, Saskatchewan universities and colleges, health regions, eHealth, Cancer Agency, and Ministry of Health for a Support for People and Patient Oriented Research and Trials (SUPPORT) Unit in Saskatchewan. In particular, HQC has been providing leadership to the development of "Clinical Intelligence" which includes better development, management, and use of data and care standards to inform policy and practice decision making for patient-centred, continuously improving health care. The proposal is being submitted in summer 2013, with the intention being that the centre would receive funding and start its work in April 2014.

Adding value to data We released a short report in November 2012 about which elements of care are most closely related to patients' rating their hospital experience as 10/10. This analysis of data from the Acute Care Patient Experience Survey may help health regions prioritize Kaizen (continuous improvement) opportunities and identify initiatives that will improve those aspects of care that matter most to patients.

ENGAGE AND COLLABORATE

We continue to seek out partnerships that can contribute to accelerating improvement in the quality of health care throughout Saskatchewan. This means strengthening our existing relationships with a broad array of health system stakeholders and building new relationships with patients, family members, and the broader public.

Supporting health system planning The Health Quality Council worked in collaboration with the Ministry of Health to plan and facilitate a few large system planning events this year. We assisted with the Connecting the Dots sessions in fall and spring. These are regular planning and evaluation sessions for health system leaders, with support from key partners from education, labour, First Nations, Métis and federal and municipal governments, and other agencies. Participants set health system priorities and planned how to work together to achieve them. A video about the spring session is available on our YouTube channel.

Provincial Surgical Kaizen Operations Team (PSKOT) As part of the Lean management system and the Saskatchewan Surgical Initiative, the Provincial Surgical Kaizen Operations Team (PSKOT) was established in June 2012 to provide leadership, support, and coordination of Lean improvement work in surgical service lines across Saskatchewan.

Two Kaizen specialists at the Health Quality Council are integrally involved in (PSKOT). The specialists are part of a team comprising another Kaizen specialist from the Ministry of Health, two consultants from John Black and Associates, the Executive Director of the Saskatchewan Surgical Initiative, the PSKOT Director, and a workflow coordinator. The team began by coordinating the Surgical Patient Experience Project, a patient mapping exercise which saw senior leaders or quality improvement staff in nine of 13 health regions follow one patient within, or across, health regions for surgical services. They consolidated this information into a map of the current provincial surgical care journey. Next, they will work with those in the surgical system to develop a "future state" map and identify specific initiatives to improve the surgical care journey for patients.

“Raise your sail one foot, and
you get ten feet of wind.”

Chinese Proverb

hnoist

Building a network of international

contacts - Jim Rhode, Chairperson, Saskatoon Health Region, Suann Laurent, President and CEO of Sunrise Health Region, and Bonnie Brossart, CEO of the Health Quality Council gave a presentation entitled, *Acting as one for one million: Hoshin planning in Saskatchewan*, at the Institute for Healthcare Improvement's National Forum for Quality Improvement in Healthcare in December 2012. Given its positive reviews and interest in the topic, Saskatchewan has been invited to present again on our use of the Hoshin Kanri method at the December 2013 National Forum.

The Health Quality Council was also represented at the Forum by an HQC Kaizen Specialist and Dr. Susan Shaw, Board Chair of HQC. Saskatchewan was one of six high performing health systems from across the globe invited to share its unfolding improvement journey with the 6,000 Forum participants through a video, *Putting patients first: Transforming health care in Saskatchewan*, that played on TVs located throughout the Forum site. The video is on our YouTube channel and it reached over 1,000 views between December 2012 and April 2013.

Contributing to the body of knowledge about quality improvement - HQC staff and other members of research teams gave several major presentations at conferences this year, including:

- International Institute of Qualitative Methodology, October 2012, in Montreal, Quebec;
- Canadian Association of Health Services and Policy Research, May 2012, in Montreal, Quebec;
- Canadian Society for Epidemiology and Biostatistics National Student Conference, May 2012, in Saskatoon; and,
- International Data Linkage, May 2012, in Perth, Australia.

MOTIVATE AND INNOVATE

We work with people and organizations to build the will for improvement across Saskatchewan's health system. We are committed to fostering a shared view of what the health system could and should look like to ensure the highest quality of care for all Saskatchewan citizens. We will contribute our skills and expertise in a responsive way, bringing people and organizations together to increase our collective ability to inform, influence and achieve system wide goals. We will share broadly and in an ongoing way a vision for a better health system.

Connecting with patients, providers, and the public One of the key ways to connect with people across our health system, and with others in Saskatchewan and beyond is through our online properties. We launched a new, more streamlined website in November 2012 and in addition to providing current information about quality improvement in Saskatchewan, it serves as a hub from which people can link to the Qreview blog, our YouTube Channel, Quality Insight, Twitter, Facebook, and Transform my Practice. We produced and posted several videos about Lean and Hoshin Kanri in Saskatchewan which have a considerable number of viewers.

We have several regular contributors on our blog whose posts give rise to many conversations involving readers. We regularly evaluate uptake on blog entries and this helps us in planning topics and developing strategies for increasing readership.

Four days a week, subscribers to our e-letter receive news stories, blog posts, and journal articles from across the continent and beyond about Lean in health care and other quality improvement flavoured items.

Building enthusiasm for the voyage ahead

In addition to being a venue for learning and sharing, the annual provincial Quality Summit inspires participants and renews their enthusiasm for working toward a vision of Better Health, Better Care, Better Value, and Better Teams for the citizens of Saskatchewan.

INCREASE JOY IN OUR WORK

We want to be a workplace where curious and passionate people committed to our mission work together to achieve the organization's goals. We recognize that we are all teachers and we are all learners. We will make HQC a great place to work in the eyes of its employees.

Celebrating together - Seventy five current and former board members and staff and colleagues in the health system celebrated the 10th anniversary of the Health Quality Council at a dinner in Saskatoon on December 17, 2012.

Developing a high functioning workplace

We are all learning what it means to transition to a daily management model — of leadership, and of how our staff work on a day to day basis. We are applying many of the Lean tools we are learning about. All of our common spaces — meeting rooms, storage rooms and photocopy room have all been 5S'd.

An informed crew is an effective crew

In December, the IT team at HQC launched an Intranet for staff. It is an engaging and fun site that offers easy access to policies, important information for new or returning staff, and details about upcoming coming events.

STAY VITAL

We strive to generate value for our customers through the products and services we offer. We also continue to develop and implement sound financial, human resource, and project management practices.

Responding to the winds of change - Our health care system is a dynamic and ever changing environment; we strive to respond to system needs and identify emerging opportunities. In the past year, we changed lack to commit many of our resources to supporting the implementation of Lean in our health system. At the beginning of April, we took on the operations of the Provincial Kaizen Promotion Office (PKPO) which plays an important role in gathering, analyzing, and sharing information about progress toward our province's goals for training about Lean and the impact of Kaizen (continuous incremental improvement) events. The PKPO's mission statement is: *To promote a system of compassionate health care delivery that is patient and family centred, defect free and with no waiting.*

Discovering new directions - The Health Quality Council continues to be proactive in seeking partnerships and funding that expands our capacity to conduct research that can result in improved ways of delivering health care in Saskatchewan. (See more information on research projects in the Quality Improvement Capability section of this report.)



Anniversary dinner

L to R: Cecile Hunt, CEO Prince Albert Parkland Health Region and HQC board member, Bonnie Brossart, HQC CEO, Honourable Dustin Duncan, Minister of Health, Dr. Stewart MacMillan, first HQC Chair, and in foreground Dan Florizone, Deputy Minister of Health.

financials

The Health Quality Council 2012-2013 Annual Report

Report of Management


Management is responsible for the integrity of the financial information reported by the Health Quality Council (HQC). Fulfilling this responsibility requires the preparation and presentation of financial statements and other financial information in accordance with Canadian generally accepted accounting principles that are consistently applied, with any exceptions specifically described in the financial statements.

The accounting system used by HQC includes an appropriate system of internal controls to provide reasonable assurance that:

- transactions are authorized;
- the assets of the HQC are protected from loss and unauthorized use; and
- the accounts are properly kept and financial reports are properly monitored to ensure reliable information is provided for preparation of financial statements and other financial information.

To ensure management meets its responsibilities for financial reporting and internal control, Board members of the HQC discuss audit and financial reporting matters with representatives of management at regular meetings. HQC Board members have also reviewed and approved the financial statements with representatives of management.

The Provincial Auditor of Saskatchewan has audited the HQC's statement of financial position, statement of operations, statement of changes in net financial assets, and statement of cash flows. Her responsibility is to express an opinion on the fairness of management's financial statements. The Auditor's report outlines the scope of her audit and her opinion.



Dr. Susan Shaw
Board Chair



Bonnie Brossart
Chief Executive Officer

Saskatoon, Saskatchewan
October 22, 2013

Independent Auditor's Report



To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of Health Quality Council, which comprise the statement of financial position as at March 31, 2013, and the statements of operations, change in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for Treasury Board's approval, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

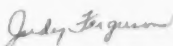
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of Health Quality Council as at March 31, 2013, and the results of its operations, changes in its net assets, and its cash flows for the year then ended in accordance Canadian public sector accounting standards.

Regina, Saskatchewan
October 22, 2013


Judy Ferguson, FCA
Acting Provincial Auditor

Statement of Financial Position

STATEMENT 1 HEALTH QUALITY COUNCIL

As at March 31

	<u>2013</u>	<u>2012</u>
	(thousands of dollars)	
Financial assets		
Cash	\$ 6,896	\$ 7,767
Accounts receivable	500	318
Accrued interest receivable	4	3
Short-term investments (Note 3)	<u>2,000</u>	<u>999</u>
	<u>9,400</u>	<u>9,087</u>
 Liabilities		
Accounts payable	337	728
Payroll liabilities	239	247
Deferred revenues (Note 5)	<u>175</u>	<u>-</u>
	<u>751</u>	<u>975</u>
 Net financial assets	<u>8,649</u>	<u>8,112</u>
 Non-financial assets		
Tangible capital assets (Note 2c & Note 4)	134	118
Prepaid expenses and deposits	<u>75</u>	<u>147</u>
	<u>209</u>	<u>265</u>
 Accumulated surplus	<u>\$ 8,858</u>	<u>\$ 8,377</u>
 Contractual commitments (Note 10)		

(See accompanying notes to the financial statements)

Statement of Operations

STATEMENT 2 HEALTH QUALITY COUNCIL

For The Year Ended March 31

		2013	2012
		(thousands of dollars)	
	Budget (Note 8)	Actual	Actual
Revenue			
Saskatchewan Health-General Revenue Fund			
- Operating Grant	\$6,078	\$4,871	\$5,935
- Accelerating Excellence	-	1	3,122
- Patient Provider Quality Improvement	-	-	1,973
- Patient Family Centered Care	-	-	666
- Saskatchewan Medical Assoc.	412	200	412
- U of S - CIHR	233	124	126
- U of S - SHRF	-	47	48
- Drug Safety & Effectiveness Network	189	195	177
- Saskatchewan Drug Utilization & Outcome Research Team	87	143	47
- Academic Detailing Evaluation Partnership Team	-	5	3
- University of Saskatchewan	-	15	15
- Saskatchewan Surgical Initiative Appropriateness Project	-	289	-
- Health Services Use Among Individuals With Dementia	-	5	-
- Saskatoon Health Region	-	64	-
- Waits And Patient Flow Initiative	-	2,000	-
Other (Note 6)	-	150	179
Interest	-	71	100
	<u>6,999</u>	<u>8,180</u>	<u>12,803</u>
Expenses			
Project Funding	2,156	1,854	3,100
Grants	85	37	144
Wages and benefits	4,990	4,998	4,655
Travel	155	182	265
Administrative and operating expenses	85	72	155
Honoraria and expenses of the board	92	78	69
Amortization expense	60	115	68
Rent	400	363	277
	<u>8,023</u>	<u>7,699</u>	<u>8,733</u>
Annual (deficit) surplus	<u>\$(1,024)</u>	<u>481</u>	<u>4,070</u>
Accumulated surplus, beginning of year		<u>8,377</u>	<u>4,307</u>
Accumulated surplus, end of year		<u><u>\$8,858</u></u>	<u><u>\$8,377</u></u>

(See accompanying notes to the financial statements)

Statement of Change in Net Assets

STATEMENT 3 HEALTH QUALITY COUNCIL

For the year ended March 31

	<u>2013</u>	<u>2012</u>
	(thousands of dollars)	
Annual surplus	<u>\$481</u>	<u>\$4,070</u>
Acquisition of tangible capital assets	(131)	(58)
Amortization of tangible capital assets	<u>115</u>	<u>68</u>
	<u>(16)</u>	<u>10</u>
Acquisition of prepaid expense	(75)	(147)
Use of prepaid expense	<u>147</u>	<u>114</u>
	72	(33)
Increase in net financial assets	537	4,047
Net financial assets, beginning of year	<u>8,112</u>	<u>4,065</u>
Net financial assets, end of year	<u><u>\$ 8,649</u></u>	<u><u>\$ 8,112</u></u>

(See accompanying notes to the financial statements)

Statement of Cash Flows

STATEMENT 4 HEALTH QUALITY COUNCIL

For the year ended March 31

	<u>2013</u>	<u>2012</u>
	(thousands of dollars)	
Operating activities		
Cash received from		
Saskatchewan Health	\$ 4,871	\$5,935
Saskatchewan Medical Association	200	7
Pooled Referral Forms	22	-
Provincial Emergency Department Waits & Patient Flow	2,000	-
Saskatchewan Surgical Initiative Appropriateness Project	289	-
Regional Health Authorities	89	39
Interest income	68	96
University of Saskatchewan - Canadian Institutes of Health Research	516	233
Other	141	35
	<u>8,196</u>	<u>6,345</u>
Cash paid for		
Wages and benefits	(5,007)	(4,623)
Supplies and other	(368)	(450)
Project funding	(2,491)	(2,833)
Grants	(69)	(149)
	<u>(7,935)</u>	<u>(8,055)</u>
Cash provided by (used in) operating activities	<u>261</u>	<u>(1,710)</u>
Capital activities		
Purchases of tangible capital assets	(131)	(58)
Cash used in capital activities	<u>(131)</u>	<u>(58)</u>
Investing activities		
Purchase of investments	(2,000)	(999)
Disposal of investments	999	-
Cash (used) by investing activities	<u>(1,001)</u>	<u>(999)</u>
(Decrease) in cash	(871)	(2,767)
Cash, beginning of year	<u>7,767</u>	<u>10,534</u>
Cash, end of year	<u>\$6,896</u>	<u>\$7,767</u>

(See accompanying notes to the financial statements)

Notes to the Financial Statements

HEALTH QUALITY COUNCIL
March 31, 2013

1. Establishment of the Council

The *Health Quality Council Act* was given royal assent July 10, 2002 and proclaimed on November 22, 2002. The Health Quality Council (HQC) measures and reports on quality of care in Saskatchewan, promotes continuous quality improvement, and engages its partners in building a better health system. HQC commenced operations on January 1, 2003.

2. Accounting Policies

Pursuant to standards established by the Public Sector Accounting Board (PSAB) of Canadian Institute of Chartered Accountants, HQC is classified as an other government organization. HQC uses Canadian generally accepted accounting principles applicable to public sector. The following accounting policies are considered to be significant.

a) Operations

For the operations of HQC, the primary revenue is contributions from the Saskatchewan Ministry of Health (Ministry of Health) – General Revenue Fund. Other sources of revenue include conference registrations, interest and miscellaneous revenue. Unrestricted contributions are recognized as revenue in the year received or receivable if the amount can be reasonably estimated and collection is reasonably assured. Restricted contributions are deferred and recognized as revenue in the year which related expenses are incurred. Interest earned on restricted contributions accrues to the benefit of the restricted program.

b) Measurement Uncertainty

The preparation of financial statements in accordance with PSAB accounting principles requires HQC's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of commitments at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

c) Tangible Capital Assets

Tangible capital assets are reported at cost less accumulated amortization. Purchases valued at \$1,000 or greater are recorded as a capital asset. Leasehold improvements are amortized over the length of the lease; the current lease expires in July 2013. Amortization is recorded on a straight-line basis at rates based on estimated useful lives of the tangible capital assets as follows:

Office Furniture	10 years
Office Equipment	5 years
Computer Hardware	3 years
Computer Software	3 years
Leasehold Improvements	life of lease

Normal maintenance and repairs are expensed as incurred.

3. Short-Term Investments

HQC held investments in the amount of \$2,000,000 as described below at March 31, 2013. The current investments are short-term, held for a period of one year or less.

	2013	
	Carrying Value (000's)	Interest Rate
Term Deposits		
TD Canada Trust	\$ 300	1.60%
TD Canada Trust	\$ 400	1.60%
TD Canada Trust	\$ 500	1.60%
TD Canada Trust	\$ 300	1.58%
TD Canada Trust	\$ 500	1.58%
Total Investment	\$ 2,000	

4. Tangible Capital Assets

The recognition and measurement of tangible capital assets is based on their service potential. These assets will not provide resources to discharge liabilities of HQC.

	Office Furniture & Equipment	Computer Hardware & Software	Leasehold Improvements	2013 Totals	2012 Totals
	(thousands of dollars)				
Opening cost	\$ 189	\$ 499	\$ 61	\$ 749	\$ 691
Additions	22	109	-	131	58
Disposals	(2)	(28)	-	(30)	-
Closing cost	<u>209</u>	<u>580</u>	<u>61</u>	<u>850</u>	<u>749</u>
Opening accumulated amortization	146	425	60	631	563
Amortization	19	95	1	115	68
Disposals	(2)	(28)	-	(30)	-
Closing accumulated amortization	<u>163</u>	<u>492</u>	<u>61</u>	<u>716</u>	<u>631</u>
Net book value of tangible capital assets	<u>\$ 46</u>	<u>\$ 88</u>	<u>\$ 0</u>	<u>\$ 134</u>	<u>\$ 118</u>

5. Deferred Revenues

	Beginning balance	Amount received	Amount recognized	Ending balance
	(thousands of dollars)			
Saskatoon Health Region	-	132	67	65
Quality Summit	-	110	-	110
Totals	<u>\$ -</u>	<u>\$ 242</u>	<u>\$ 67</u>	<u>\$ 175</u>

(a) Saskatoon Health Region

The Saskatoon Health Region has provided funding to HQC for the implementation of performance reporting enhancements in qualityinsight.ca to support the Long Term Care Service Line for provincial LTC home-specific operational and strategic reporting.

(b) Quality Summit

HQC is hosting a Quality Summit in April 2014 and monies received by HQC for registrations in the 2012-2013 fiscal year, will be recognized as revenue in the 2013-2014 fiscal year.

6. Related Party Transactions

Included in these financial statements are transactions with various Saskatchewan Crown Corporations, ministries, agencies, boards, and commissions related to HQC by virtue of common control by the Government of Saskatchewan, and non-crown corporations and enterprises subject to joint control or significant influence by the Government of Saskatchewan (collectively referred to as "related parties"). Other transactions with related parties and amounts due to or from them are described separately in these financial statements and notes thereto.

Routine operating transactions with related parties are recorded at the agreed upon rates charged by those organizations and are settled on normal trade terms.

HQC pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	<u>2013</u>	<u>2012</u>
	(thousands of dollars)	
Revenue		
Capital Pension Plan	\$ 14	\$ -
Ministry of Health	7,182	11,696
Regional Health Authorities	149	32
University of Saskatchewan	535	418
Other	-	15
Expenses		
Capital Pension Plan	230	228
Regional Health Authorities	701	594
3sHealth	14	11
Saskatchewan Health Research Foundation	60	-
Saskatchewan Opportunities Corporation (operating as Innovation Place)	405	345
Saskatchewan Workers' Compensation	13	-
SaskTel	9	15
University of Regina	9	-
University of Saskatchewan	3	18
Other	1	22
Accounts Payable		
Capital Pension	-	45
Regional Health Authorities	155	289
Saskatchewan Workers' Compensation	3	-
Other	1	2
Accounts Receivable		
Regional Health Authorities	186	33
Saskatchewan Cancer Agency	-	11
University of Saskatchewan	294	252

7. Financial Instruments

HQC has the following financial instruments: short-term investments, accounts receivable, accounts payable, and payroll liabilities. The following paragraphs disclose the significant aspects of these financial instruments. HQC has policies and procedures in place to mitigate the associated risk.

a) Significant terms and conditions

There are no significant terms and conditions associated with the financial instruments that may affect the amount, timing, and certainty of future cash flows.

b) Interest rate risk

HQC is exposed to interest rate risk when the value of its financial instruments fluctuates due to changes in market interest rates. HQC does not have any long-term investments that may be affected by market pressures. HQC's receivables and payables are non-interest bearing.

c) Credit risk

HQC is exposed to credit risk from potential non-payment of accounts receivable.

Most of HQC's receivables are from provincial agencies and the federal government; therefore, the credit risk is minimal.

d) Fair value

For the following financial instruments, the carrying amounts approximate fair value due to their immediate or short-term nature:

Short-term Investments
Accounts receivable
Accounts payable
Payroll liabilities

8. Budget

These amounts represent the operating budget approved by the Board of Directors.

9. Pension Plan

HQC is a participating employer in the Capital Pension Plan, a defined contribution pension plan. Eligible employees make monthly contributions of 6.35% of gross salary, which are matched by HQC. HQC's obligation to the plan is limited to matching the employee's contribution. HQC's contributions for this fiscal year were \$229,739 (2012 - \$226,858).

10. Contractual Commitments

As of March 31, 2013, HQC had the following commitments:

a) Office Rent

HQC has a lease for office space with Saskatchewan Opportunities Corporation (operating as Innovation Place) at a monthly cost of \$20,439. The monthly cost effective August 1, 2012 to July 31, 2013 will be \$32,443.

b) 3M Canada

HQC has entered into an agreement with 3M to license risk assessment software for data analysis. The licensing agreement is effective from August 1, 2009 to July 31, 2014. The amount paid for licensing for the period of April 2012 to March 2013 was \$79,905. The pricing schedule for the remaining time period is:

Period	Licensing
April 2013 – July 2014	\$ 106,678

SASKATCHEWAN
**HEALTH
QUALITY**
COUNCIL



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